FEI Number: 65-0243419			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
LEADERSHIP F 7512 RIDGE RO PORT RICHEY				
The above name	d entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State	of Florida.
SIGNATURE	E: MANNY LONG			07/14/201
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	ALVAREZ-SOWLES, NICHOLE	Name	HAMM, KIM	
Address	P.O. BOX 695	Address	P.O. BOX 695	
City-State-Zip:	ELFERS FL 34680	City-State-Zip:	ELFERS FL 34680	
Title	SECRETARY	Title	TREASURER	
Name	ANDERSON, DON	Name	LONG, MANNY	
	P,O. BOX 695	Address	P.O. BOX 695	
Address			ELFERS FL 34680	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANNY LONG

TREASURER

07/14/2018

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N41488 Entity Name: LEADERSHIP PASCO, INC.

Current Principal Place of Business:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

7512 RIDGE ROAD NEW PORT RICHEY, FL 34668

Current Mailing Address:

Date